



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Early and Periodic Screening, Diagnosis and Treatment Screening (EPSDT) providers and all Managed Care Organizations participating in the Virginia Medical Assistance Program, and all holders of *Physician* and *School Division* Manuals.

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO Special

DATE 9/12/2003

SUBJECT: Changes to Billing for Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services and Summary of Blood Lead Screening Requirements

The purpose of this memo is to notify you of changes in the billing procedures for EPSDT services and to remind all EPSDT screening providers of the **mandatory** blood lead screening requirements. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides Medicaid children under the age of 21 with medical, hearing, vision, and dental check-ups. The goal is to ensure that any health problems are diagnosed and treated as early as possible before they become complex and treatment is more costly.

EPSDT TREATMENT MODIFIERS

Effective for dates of service on or after October 15, 2003, local modifier codes (H, K, T, U, W, Y, Z) will no longer be available for use in the modifier field in either the electronic or paper claims format. Providers who bill for services using the CMS-1500 are no longer required to associate a treatment modifier with a preventive medicine CPT code and may leave block 24D of the CMS-1500 blank. Providers who bill electronically using the 837P format must select the appropriate response for ASC X12N 837: Loop 2300 element CRC02 - "Was an EPSDT referral given to the patient? (Yes or No)" and provide the appropriate condition indicator in element CRC03 of the electronic claims file. Completion of elements CRC02 and CRC03 are required for electronic claims.

BLOOD LEAD SCREENING REQUIREMENTS

As part of your provider agreement with DMAS, you are required to conduct EPSDT screens, including blood lead screens, in accordance with the periodicity schedule developed by DMAS. The periodicity schedule is located in the Early and Periodic Screening, Diagnosis and Treatment supplement (Supplement B) of the DMAS Provider Manuals that may be viewed at www.dmas.state.va.us.

This schedule requires that all children enrolled in Medicaid must receive a blood lead screen at 12 and 24 months of age, regardless of the perceived risk for elevated blood lead (EBL) levels. Additionally, all children between the ages of 36 and 72 months of age must receive a blood lead screen if they have not previously had a blood lead screen at the time of Medicaid enrollment.

Blood lead samples should be submitted to a Medicaid-enrolled laboratory that maintains a proficient rating in the Cooperative Nationwide Blood Lead Proficiency Testing Program and participates with the Virginia Department of Health's (VDH) blood surveillance system. The VDH "Lead-Safe Virginia Program" ((804) 225-4455) maintains a list of these laboratories. A blood lead test result equal to or greater than 10 ug/dL obtained by capillary specimen (fingerstick) must be confirmed using a venous blood sample.

The "Lead-Safe Virginia Program" provides clinical guidelines for the management of children with (EBL) levels. The "Lead-Safe Virginia Program" should be contacted if you have questions regarding family education on lead, follow-up testing, environmental investigation of lead sources, or clinical management of young children with EBL levels. PCPs, MCOs and other screening providers must work with the local health department to ensure provision of the following services for children with EBL levels:

- Nutritional and environmental hazard reduction counseling; and
- Developmental assessment and physical examination when appropriate per Centers for Disease Control guidance.

Please Note: If you require specific assistance related to EPSDT or Blood Lead Testing, please contact the Maternal and Child Health coordinator at 804-786-0342. If you have general questions related to Medicaid programs or require assistance pertaining to reimbursement, please contact the provider "HELPLINE".

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at www.dmas.state.va.us. Refer to the Provider Column to find Medicaid and SLH provider manuals or click on “Medicaid Memos to Providers” to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

“HELPLINE”

The “HELPLINE” is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The “HELPLINE” numbers are:

786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the “HELPLINE” is for provider use only.